



Transition from Humanitarian Assistance to Integrated Health System

FOUAD M.FOUAD MD

ASSISTANT PROFESSOR OF PUBLIC HEALTH PRACTICE, FACULTY OF HEALTH SCIENCES

CO- DIRECTOR, REFUGEE HEALTH PROGRAM, GHI

AMERICAN UNIVERSITY OF BEIRUT

INTERNATIONAL SOCIETY FOR
SOCIAL PEDIATRICS & CHILD HEALTH

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Conflict has become more protracted

Average length of displacement (year)- World Humanitarian Summit

6 out of 10 refugees are in urban areas – IRC 20162



The framework of humanitarian aid system

- ▶ Built on experiences of refugees living:
 - ▶ in camps
 - ▶ in low-income and less developed countries (communicable, maternal, nutritional, and newborn diseases) are prevalent
 - ▶ Respond by straightforward interventions: antibiotics, vaccinations, nutritional supplements, etc... (Cavallo 2016)
 - ▶ Ignoring the political determinants
 - ▶ *Ignoring Chronicity*

**Can't work
anymore !!**

New pattern of crises: (Syria is an explicit example)

- Middle income countries:
 - **different expectations**
- Urban settlements: non-camps:
- Massive demographic change and movement- *in short time*
- Unsolved conflicts
- Militarization and politicization of all services including health and education: same for IDPs and refugees in the hosting countries

Factors affect access to health care services among refugees

- ▶ **Legality:** Different policies and regulations paving the road to accessing and providing healthcare
- ▶ **Chronicity and trans-generation:** long-term and protracted
- ▶ **Politics:** UN agencies, Hosting governments, and INGOs

Syria Refugee Children in Lebanon

- ▶ 117 000 is the number of SRC born in Lebanon in the last 5 years (23000 /year)
- ▶ Only 21% of SRC born in Leb were registered in 2018
- ▶ $\frac{3}{4}$ of children working in the street in Lebanon are Syrians. The majority of those children is illiterate and has never attended school
- ▶ 84% of SRC 15-17 are out of school Lebanon
- ▶ 100000 is the number of SRC 18-22 yo and qualified for university
- ▶ 41% of SRC in Lebanon in 2016 were reported to be ill in past 2 weeks of the study (VASyr Lebanon 2017)
- ▶ 1 in 4 of SRC living in Lebanon are anemic

▶ Vaccination

- ▶ child aged 12–23 months, 46.6% in Lebanon were able to produce the child's EPI card. Only 12.5% in Lebanon of SRC were fully immunized through routine vaccination services (Robertson, 2017)

▶ Early marriage and gender-based violence (GBV):

- ▶ 18% of Syrian refugee adolescent girls (15–18 years of age) were married (UNFPA, UNHCR 2014) (**not fully representative**)
- ▶ UNHCR reported that **every day in 2014, an average of 130 Syrian refugee women and girls visited the network of centres and spaces to seek support and/or disclose violence.** Approximately **40% of them were younger than 18.**

Three key questions have received too little attention in conflict/post-conflict zones

1. How to structure aid programs in poorly governed states so as to develop health systems without supporting corrupt or repressive governments.
2. How to restructure humanitarian aid programs so that long-term funding supports health systems development
3. To what extent refugees aid system can be integrated into national health systems, and how has this affected availability, access and quality of health services for both refugees and national population